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PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

Ellective Noveliber 10, 1000										
			AIMS AS FILED - PA		ART I (Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
FC)R	NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
ВА	SIC FEE		The same of the sa			a tagana ya Sana a sana k	380.00	OR		760.00
TC	TAL CLAIMS	4.	minus 2	20= * 1	5	X\$ 9=		OR	X\$18=	450
INC	DEPENDENT CL	AIMS U	2 minus 3 = *			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	19-10
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OR	OTHER THAN SMALL ENTITY	
NTA		CLAIMS REMAINING AFTER AMENDMENT	7 3	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
Ĥ	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT CLAIM		+130=		OR	+260=	
			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE				
		(Column 1)		(Column 2)	(Column 3)	AUDII. FEE		•	ABBIT. 1 EE	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	*	Minus	trik	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				1	+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	7.0017.12		_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$16=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM	Λ	 	<u> </u>	1	<u> </u>	-
	***	and the leave the control of	ha anteste set	uma O umba "O" in a	olumn 3	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

(CALCULATION SHEET)

APPLICATION NUMBER:	09/399083
THE THE PARTY OF T	09/397083

	•		Total Fee	Calculation	1		
		Fee Cade	Total # Claims	Number Extra X	Fcc	Fee =	_
		Sm/Lg.	4		Sm. Entity		Total
	Busic Filing Fee	201/101			ou. Luny	Lg. Eatity	er,
	Total Claims >20	203/103	1/9 -20 =	95 x		-	160
	[cdepeadeat Claims >]	202/102	A .; -	×			750
	Mult Dep Claim Present						
F	Surcharge	205/105			·		100
	Eaglish Translation	139					<u> 130</u>
	TOTAL FEE CALCULA	אסחד					1340
	Fees due upon filing the	ae application:				٠.	• •
	Total Filing Fees Due	= . 2	/5	340			,
	Less Filing Fees Submi	itted - S		1	! /	· :	
_	BALANCE DE	= 5	184	0			

Office of Initial Patent Examination

FORM ODE-RAM-01 (Rev. 12/97)